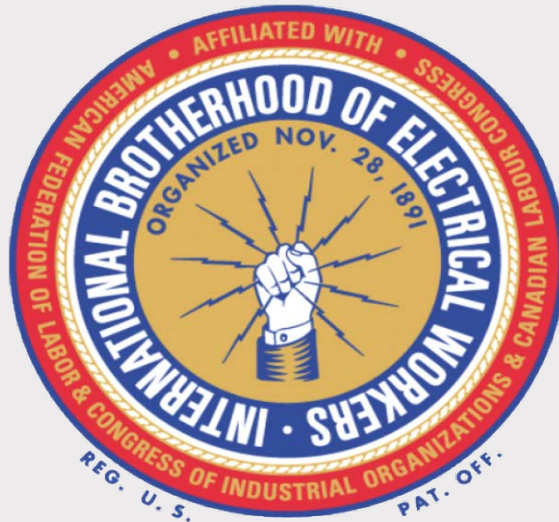


International Brotherhood of Electrical Workers System Council T-3



2016 - BENEFIT SUMMARY

AT&T - DIRECTV

**Technicians, Warehouse Workers, Clerical
and Call Center Employees**



Technicians, Warehouse Workers, Clerical and Call Center Employees

Pensions

Although the Company discontinued pensions for new hires on 1/1/16, we were able to get all employees, as well as any new hires, into the AT&T BCB2 Pension Plan (same as the Core Prem Techs).



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees

401k

AT&T Retirement Savings Plans
(ARSP)-401k

that offers 80% Company match
for the first 6% contributed
which equates to a 20% increase
for those employees
who contribute at
the maximum contribution level.



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees

Disability Benefits

Employees will now be covered under a comprehensive disability plan, so employees will no longer be required to purchase separate disability insurance.



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees

Medical

DIRECTV employees will have the option of selecting one of 2 Medical options.

The plan itself is the same plan that covers employees working under the SCT-3 collective bargaining agreement we have with AT&T and represents one of the best benefit programs in the industry.

Option 1 offers lower deductibles out-of-pocket maximums, and co-insurance percentage.

Option 2 has higher deductibles, out-of-pocket maximums and co-insurance percentage, but offers lower premium amounts.

In addition, the new contract provides benefit protection language meaning that the Company cannot diminish benefits during the term of the contract.



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees

Medical

Option # 1 - Network/ONA/PPO

Co-Insurance

Pays 90%/10%

Meaning the plan pays
90% of the costs and
the employee pays
the remaining 10%.

Example: For a \$100 doctor's office visit,
the plan pays \$90, the employee pays \$10.



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees

Medical

Option # 1 - Network/ONA/PPO

Deductibles Network/ONA/PPO

	<u>2017</u>	<u>2018</u>	<u>2019</u>
Individual	\$500	\$600	\$700
Family	\$1,000	\$1,200	\$1,400

Monthly Premiums

	Current Employees		
	<u>2017</u>	<u>2018</u>	<u>2019</u>
Individual	\$155	\$169	\$177
Family	\$335	\$365	\$382

Out-of-Pocket Max

	Network/ONA/PPO		
	<u>2017</u>	<u>2018</u>	<u>2019</u>
Individual	\$2,500	\$3,000	\$3,500
Family	\$5,000	\$6,000	\$7,000



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees Medical

Option # 1 - Network/ONA/PPO

Prescriptions (RX)

RX Out Of Pocket Max for 2017, 2018, 2019

Individual	\$1,200
Family	\$2,400

RX Copays

	2017	2018	2019
Generic	\$10	\$10	\$10
Preferred	\$35	\$35	\$35
Non-Preferred	\$60	\$60	\$70

RX Mail Order for 90-Day Supply

	2017	2018	2019
Generic	\$20	\$20	\$20
Preferred	\$70	\$70	\$70
Non-Preferred	\$120	\$120	\$140



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees

Medical

Option # 2 - Network/ONA/PPO

Co-Insurance

Pays 80%/20%

Meaning the plan pays
80% of the costs and
the employee pays
the remaining 20%.

Example: For a \$100 doctor's office visit,
the plan pays \$80, the employee pays \$20.



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees

Medical

Option # 2 - Network/ONA/PPO

<u>Deductibles</u>	Network/ONA/PPO		
	2017	2018	2019
Individual	\$1,300	\$1,300	\$1,500
Family	\$2,600	\$2,600	\$3,000

<u>Monthly Premiums</u>	Current Employees		
	2017	2018	2019
Individual	\$58	\$79	\$84
Family	\$138	\$186	\$196

<u>Out-of-Pocket Max</u>	Network/ONA/PPO		
	2017	2018	2019
Individual	\$6,450	\$6,450	\$6,550
Family	\$12,900	\$12,900	\$13,100



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees Medical

Option # 2 - Network/ONA/PPO

Prescriptions (RX)

Deductible and Out Of Pocket Max integrated with medical

RX Copays

	<u>2017</u>	<u>2018</u>	<u>2019</u>
Generic	\$9	\$9	\$9
Preferred	\$35	\$35	\$35
Non-Preferred	\$70	\$70	\$70

RX Mail Order for 90 Day Supply

	<u>2017</u>	<u>2018</u>	<u>2019</u>
Generic	\$18	\$18	\$18
Preferred	\$70	\$70	\$70
Non-Preferred	\$140	\$140	\$140



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees Dental PPO

Monthly Contributions

2017-2019

Individual	\$7
Individual+1	\$14
Family	\$23

Deductible

2017-2019

Network/ONA	\$25 per Individual per Year
Non-Network	\$50 per Individual per Year

Annual Maximum Benefit (Not to exceed \$1,750 combined Network and Non-Network)

2017-2019

Network/ONA	\$1,750 per Individual
Non-Network	\$1,300 per Individual

Orthodontic Lifetime Max (Not to exceed \$2,000 combined Network and Non-Network)

2017-2019

Network/ONA	\$2,000 per Individual
Non-Network	\$1,400 per Individual



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees Dental PPO

Coverage Levels

Class I (Diagnostic/Preventive)

100% Deductible waived

Class II (Basic Restorative – fillings, extractions, periodontal treatment/maintenance)

Network/ONA 90% after Deductible

Non-Network 70% after Deductible

Class III (Major restorative – Crowns, dentures, bridgework)

Network/ONA 80% after Deductible

Non-Network 50% after Deductible

Class IV (Orthodontia)

Network/ONA 80% after Deductible

Non-Network 50% after Deductible



IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY



Technicians, Warehouse Workers, Clerical and Call Center Employees Vision

Monthly Contributions

2017-2019

Individual	\$2
Individual+1	\$5
Family	\$8

Coverage Levels

Exam: 1 per 12 months

Network	\$0 Copay
Non-Network	\$28 Allowance towards cost

Frame: 1 pair per 12 months

Network	\$130 Allowance towards cost
Non-Network	\$30 Allowance towards cost

Lenses Allowance: 1 set per 12 months

Network	\$0 Copay (Std. plastic lenses, Single, Bifocal, Tri-focal, Lenticular, Progressive)
Non-Network	\$30-\$80 Allowance towards cost

Contact Lenses Allowance: per 12 months

Network	\$150 Allowance
Non-Network	\$150 Allowance

2nd Pair Benefit:

Network Only: Allows for a 2nd pair of glasses or contact lenses allowance after the first pair benefit is utilized, per 24 months. \$30 Copay.

IBEW System Council T-3

AT&T /DIRECTV

2016 - BENEFIT SUMMARY

